



THE CITY OF LANCASTER – INSPECTION DEPARTMENT  
APPLICATION FOR CERTIFICATE OF OCCUPANCY

Date of application: \_\_\_\_\_

Application for Certificate of Occupancy is made to the Building Official of the City of Lancaster authorizing the inspection of vacant land or building at:

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Occupant's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Owner of the building: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this a change of ownership of business? \_\_\_\_\_

Building to be used as:  Office  Retail  Wholesale  Food Sales

Manufacturing  Restaurant  Warehouse

Other, please explain: \_\_\_\_\_

Describe type of business: \_\_\_\_\_

E- Mail Address: \_\_\_\_\_

Square Footage of building or leased space: \_\_\_\_\_

**Churches only:** How many seats are in the sanctuary/worship area? \_\_\_\_\_

**Answer all questions or check "yes" or "no". Please attach a scaled floor plan that includes corridors, rooms and exits.**

1. Will you store, use, dispense or mix flammable or combustible liquids for purposes other than maintenance for operation of equipment?  YES  NO

If yes, specify the type of product and the projected quantities. **MSDS sheets are required to be submitted with this form.** \_\_\_\_\_

2. Will there be any spray painting on premises?  YES  NO

3. Will you handle or use any hazardous or toxic chemicals such as, but not limited to, radioactive, explosive, and organic materials?  YES  NO

If so, specify the type and projected quantities: \_\_\_\_\_

4. Will food or beverages be manufactured, packaged, stored, distributed, sold or prepared in any manner other than vending machines?  YES  NO
5. Will you be applying to the TABC for a mixed beverage permit?  YES  NO
6. Will you be applying to the City and the TABC for a private club permit?  YES  NO
7. Will any goods, merchandise or raw materials be stored outdoors?  YES  NO
8. Will used goods be sold on the premises?  YES  NO
9. If you will be performing any of the following processes on the premises, Please check the appropriate activities:
- Manufacturing  Treating  Formulation/Mixing/Processing  Vehicle Washing
10. Will combustible dust be generated?  YES  NO
11. Are you occupying the entire building or lease space?  YES  NO
12. Provide the number of parking spaces at this location: \_\_\_\_\_
13. Do you need Utilities service turned on?  YES  NO  
(if "YES" please complete a Utility Verification permit)

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**SIGN PERMITS ARE REQUIRED**  
(PLEASE APPLY SEPARATELY)

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I hereby certify that I have completed this questionnaire, I am an authorized agent of the named business, and I know the information contained herein to be true and correct.

**Name: (please print)** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Texas Driver's License Number:** \_\_\_\_\_

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**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Paid:  YES  NO Processed By: \_\_\_\_\_

Food Permit paid?  YES  NO Date Paid: \_\_\_\_\_ Dallas County Approval:  YES  NO

Food Manager's Certification(s):  YES  NO Dallas County Approval Date: \_\_\_\_\_

Reviewed by Building Inspector: \_\_\_\_\_ Approval date: \_\_\_\_\_ Denial date: \_\_\_\_\_

Occupancy Classification: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Occupant Load: \_\_\_\_\_

Reviewed by Fire Marshall: \_\_\_\_\_ Approval date: \_\_\_\_\_ Denial date: \_\_\_\_\_

Zoning reviewed by Planning: \_\_\_\_\_ Approval date: \_\_\_\_\_ Denial date: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Number of parking spaces required: \_\_\_\_\_